Ú.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 18

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Edward J DiRissio	Name Construction & General Laborers' LU 271
	Labor Organization File Number 013-097
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 31 Mt. Laurel Lane	Street 410 South Main Street
City North Scituate	City Providence
State Rhode Island ZIP Code + 4 02857	State Rhode Island ZIP Code + 4 02903 .
5. Position in labor organization. Business Manager (retired 1/0	5)
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.
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monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of	T.a. Nature of Interest, Transaction, or Income. 7.b. Amount. \$0. ature Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	T.a. Nature of Interest, Transaction, or Income. 7.b. Amount. \$0. ature Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Edward DiRissio	·	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name New England Laborers' Training Trust Fund	9. Business deals with:			
Name New England Laborers Training Trust Fund	a. Labor Organiza	ation		
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 37 East Street				
City Hopkinton				
State Massachusetts ZIP Code + 4 01748				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	endentellemen markomiti and blocks to 10 in these on	na arana ngortangar ayandan 2 na naya depaktir indika kalakhir andaratir indika di	
Name	Training/Education New England States		affilates of the	
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Street	11.b. Approximate dollar va	lue of such dealing.	A CONTRACT OF THE CONTRACT OF	
City	12.a. Nature of interest he	ld or income received.	annonaum (n. 1865). Ser et en Berre (n. 1865). Ser et en Berre (n. 1865). Ser et en ser et en ser et en ser et	
State ZIP Code + 4	11/23/04 Thanksgiving Turk Trustees and Advi		et for the	
	Company of the Compan	The second section of the second section of the second section of the second section s	and come company to the common common to the	
	12.b. Amount.		\$67]	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			,	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	name of the second seco	- 100 - 100	
Name	and a series		o control of the cont	
Trade Name, if any:	•		THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPER	
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P.O. Box, Bldg., Room No., if any			***************************************	
Street				
City			to desire	
State ZIP Code + 4			The state of the s	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		\$0	

Name of F	Person Fil	നെ മഹം	ard Dit	H ccia

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name NE Laborers H&S Fund & Labor Mgt. Fund	STO a Labor Organization
Trade Name, if any:	a, Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 410 South Main St & 225 S. Main St	c. Employer
City Providence	
State Rhode Island ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Trust Fund's which promote Health & Safety and Labor Management Cooperation for the affiliates of
Trade Name, if any:	the New England States - Guest
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	12/13/04 2004 Regional Holiday Party
	regional noticely rates
	-
	12.b. Amount. \$100

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Name of	Person Fil	ing Edward	DiRissio

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Laborers-Employers Cooperation and Edu Trust	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 905 16th Street, NW	c. Employer	
City Washington		
State District of Columbia ZIP Code + 4 20006		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Laborers-Employers Cooperationa nd (LECET) secures projects and jobs,	
Trade Name, If any:	sector market share, advertises the develops a workforce and advances	eir services,
P.O. Box, Bldg., Room No., if any	related interests.	a que ou esta de la companya de la c
Street		•
City		<u> </u>
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State District of Columbia ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	the characteristic are the first and a second to design the contract of the last of the second top
	1/18/04 Attended a reception in conjunctio	n with the 2004
	LIUNA National Tri-Fund Conference	n with the 2004
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	12.b. Amount.	\$104

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Name of	Darran Filing	27.3	DiRissio
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name NE Laborers' Labor-Management Coop. Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 226 South Main Street City Providence	a. Labor Organization b. Trust c. Employer
State Rhode Island ZIP Code + 4 02903	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	Labor Management Cooperation Trust Fund for the affiliates of the New England States - Trustee
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	12/3/03 Cash advance for 2004 Tri-Fund Conference
	12.b. Amount. \$3,000

Name of Person Filing Edward DiRissio	File Number U-	

Part B Continuation Page

	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name NE Laborers' Labor-Management Coop. Trust	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 226 South Main Street	c. Employer
City Providence	
State Rhode Island ZIP Code + 4 02903	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Labor Management Cooperation Trust Fund for the affiliates of the New England States - Trustee
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	•
City	
State , ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	1/15/04
	Reimbursement of airfare to attend 2004 Tri-Fund Conference
	,
	12.b. Amount. \$757,

ı	Name of Person Filing Edward DiRissio	***		File Number U-
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name NE Laborers' Labor-Management Coop. Trust	a. Labor Organization
Trade Name, if any:	A Carried Signification
P.O. Box, Bldg., Room No., if any	b. Trust
Street 226 South Main Street	c. Employer
City Providence	
State Rhode Island ZIP Code + 4 02903	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Labor Management Cooperation Trust Fund for the affiliates of the New England States - Trustee
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
Communication of the second se	12.a. Nature of interest held or income received.
	8/5/04
	Reimbursement of expenses 2004 Tri-Fund Conference
	April 20 Carlo September Control Material Control Cont
	12.b. Amount. \$117

Name of Person Filing E	dward DiRissio	File Nun	ber U-	

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name and the second of the sec			
Name NE Laborers' Labor-Management Coop. Trust	a. Labor Organization		
Trade Name, if any:			
	b. Trust		
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Street 226 South Main Street	C. Employer		
City Providence			
PLOY INCIDE Limited in proceedings to the control of the control			
State Rhode Island ZIP Code + 4 02903			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Labor Management Cooperation Trust Fund for the affiliates of the New England States - Trustee		
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Trade Name, if any:			
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P.O. Box, Bldg., Room No., if any			
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Street			
Parties of management (2.5 cm) of the state			
City			
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.		
	12.a. Nature of interest held or income received.		
	12/20/04		
	T-1 Reporting Meeting held at Capriccio's		
	Restaurant		
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	The comparison of the control of the		
	12.b. Amount. \$82		

Name of Person	Filing	Training and	Dibiecia
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Part B Continuation Page

	9. Business deals with:		
8. Name and address of Business (including trade name, if any).	5, 245,,,,,,,		
Name New England Laborers' Training Trust Fund	💢 a. Labor Organization		
Trade Name, if any:	25:		
P.O. Box, Bldg., Room No., if any	b. Trust		
Employed Superior State - State Stat	c. Employer		
Street 37 East Street	G W		
City Hopkinton			
State Massachusetts ZIP Code + 4 01748			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Training/Education Trust Fund for affilates of the New England States - Trustee		
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street			
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City			
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.		
	12.a. Nature of interest held or income received.		
	7/23/04 Trustees' Meeting Luncheon		
	The second secon		
	12.b. Amount. \$62		

EDWARD J. DIRISSIO

ADDENDUM F (MEAL/EVENTS WITHOUT SPECIFIC RECORDS OR RECOLLECTION)

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.



Construction and General Laborers' Local Union 271

410 South Main Street Providence, Rhode Island 02903 Telephone (401) 331-9682 FAX (401) 861-1480



August 12, 2005

US Department of Labor Employee Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, DC 20210

RE: Form LM-30 Filing for Edward DiRissio, Labor Organization File No. 013-097

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record or any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

EDWARD J. DIRISSIO